



Northwest Arkansas Community College
Center for Health Professions
One College Drive | Bentonville, AR 72712

Application for Emergency Medical Technician (EMT) Program

Approval for course registration is required. Students will not be permitted to register for program course offerings until **ALL** required documentation is submitted to the Divisional office. You may email your application and all documents to Morgan Martin, EMR/EMT Program Coordinator at moleary@nwacc.edu, Julie Gilbreth, Health Professions Administrative Specialist at j3gilbreth3@nwacc.edu or bring in person to the Center for Health Professions, second floor, office 2059. There is also a secure drop box you may leave your documents in outside of office 2059.

Updated: September 2025

Application Deadlines:

Fall semester: August 1st by 5:00 p.m.

Spring semester: January 2nd by 5:00 p.m.

Summer semester: May 9th by 5:00 p.m.

Applications are accepted on a first come, first serve basis. Due to the high volume of applicants and limited number of seats, attempts at program completion are limited to two.

Applications received after the deadline will NOT be accepted.

Minimum Requirements are as follows:

- Applicant must adhere to all NWACC requirements regarding admissions and application for semester of registration. Please visit our website to assure admission requirements are meant. <https://www.nwacc.edu/enrollment/studentype/default.aspx>
- Documentation of an approved Emergency Medical Responder (EMR) course. Please provide copy of certificate, card, or transcript. If you are currently taking EMR, your instructor will need to sign the Prerequisite Completion form within this packet. If you are a military veteran who has had combat life saver, please submit your DD214 in lieu of EMR course pre-requisite. **See department for questions on acceptable course*

Program Required Documentation Checklist:

- Basic application completed with signature. (enclosed)
- Documentation of current Basic Life Saver (BLS) certification. Certification must be an American Heart Association Healthcare provider card. The certification must be valid through the entirety of the program. **If you do not have this certification, please contact the advisors of health professions for information on offered courses through the Center for Health Professions.*
- Documentation of current TB skin test results. The documentation must be valid throughout the entirety of the program. Please consult your healthcare provider to obtain this test.
- Documentation of two (2) vaccines for MMR (Measles, Mumps, Rubella); or proof of titers. If you do not have two vaccines consult your healthcare provider to obtain.
- NWACC EMS technical standards form signed. (enclosed).

Clinical site requirements (second 8 weeks/5 weeks summer) of the program

Clinical site work is required for the EMT Program, the following requirements **MUST** be submitted by the deadline provided to you to participate in the clinical portion of the program. Deadlines will be provided to you during class.

NO EXCEPTIONS!

- COVID vaccination documentation. NWACC EMS has contractual agreements with NW Health, Mercy, and Washington Regional for our students to complete ER time as required to receive EMT certification. (As of 3.1.2025) Mercy and Washington Regional still require a student to be covid vaccinated; however, Northwest Hospital does not. Please note if you are not covid vaccinated you must do your clinical time at NW Hospital and fill out specific paperwork as such.
- Clinical sites require that you be drug tested prior to coming into their facilities. You will need to obtain a **10-panel** drug screen. Drug screen results will need to be emailed from the screening facility to Morgan Martin at moleary@nwacc.edu . NO RESULTS FROM STUDENTS WILL BE ACCEPTED. -do not obtain your drug screen prior to instruction!
- Documentation of FLU vaccine for students attending the program in spring and fall terms. (September-May). This vaccine must be given within the same FLU season as your clinical site work. No FLU vaccine is required for summer term. – exemptions will not be accepted.
- Valid health insurance while attending clinical site work.

Additional Information:

- You will receive two handbooks via the Abode sign or paper copy. One is the Health Professions Divisional Handbook, and the other is the EMT Program Handbook. You will not need to print any of these documents. Please assure you read over them before signing.
- It is important to check your NWACC student email frequently while participating in the program. The preferred means of contact will be your student email.



NWACC
Health Professions

Emergency Medical Technician (EMT) Application

Term applying for (circle one): Spring Summer Fall

Year _____

Please circle section requested:

0900-1300 M|W-Springdale Campus

1300-1700 T|TH-Bentonville Campus

1800-2200 T|TH-Springdale Campus (on demand)

Hybrid EMT-Bentonville Campus (on demand)

ECE ONLY: IGNITE OR OTHER HS _____

Date _____

Date of Birth _____

Name _____ Full SSN _____
(first) (middle) (last)

Address _____

(city) (state) (zip code)

Phone number _____

Personal email _____ NWACC email _____

Where did you complete your First Responder course? _____

Date completed: _____



Do you have any healthcare or fire training? _____ If yes, briefly describe your training.

- Do you currently work for a fire department or ambulance service? Yes or No _____
If yes, which department or service? _____
- Are you aware that the State of Arkansas will not allow you to become state certified as an EMT if you have been convicted of certain felonies? Yes or No _____
- Are you a military veteran? Yes or No _____
If yes, please submit your DD214 along with this application.
- Have you lived in the State of Arkansas for the last 5 years consecutively?
Yes or No _____

Please read and sign.

For the purposes of confidentiality, EMS faculty and staff will use NWACC email for all communication regarding your application as well as program participation. All emails sent and received will be through your NWACC student email address. It is the student's responsibility to check this email frequently and respond in a timely manner to assure successful completion of the EMT Program.

Printed name

Date

Signed name.



**Northwest Arkansas Community College
Emergency Medical Services
Technical Standards**

Students who wish to pursue a career in Emergency Medical Services must meet the following essential minimal physical, mental and job standards to successfully complete the educational activities in the Emergency Medical Services program.

Admission to the NWACC Emergency Medical Services program is conditional on the candidate's ability to satisfy these technical standards, with or without reasonable accommodation. Reasonable accommodations will be made on an individual basis.

Students who have special needs are encouraged to identify themselves to the Program Director and the Disability Resource Center for reasonable accommodations. Reasonable accommodations will be based on current documentation provided to the Disability Resource Center.

The following technical standards and essential skills are functions that must be met with or without reasonable accommodations:

1. Complete the Arkansas State application for Emergency Medical Technician certification including affirmation regarding criminal convictions.
2. Documentation of an approved Emergency Medical Responder (EMR) course.
3. Must be able to communicate effectively via telephone and radio equipment.
4. Ability to lift, carry, and balance up to 100 pounds (200 pounds with assistance) on level ground, uneven terrain, and stairs.
5. Be able to effectively receive and interpret oral, written, and diagnostic form instructions in the English language.
6. Can use good judgment and remain calm in high stress situations.
7. Ability to perform medication calculations under high pressure situations.
8. Ability to knowledgeably operate complex advanced life support equipment under high stress situations.
9. Ability to be unaffected by loud noises and flashing lights.
10. Ability to read English language manuals.
11. Ability to interview patients, their families, and/or bystanders to obtain critical information dealing with mechanism of injury (MOI) or nature of illness (NOI).
12. Ability to document, in writing or computer-based documentation systems, all relevant information in prescribed format considering legal ramifications of such.
13. Ability to converse, in English, with coworkers, nurses, physicians, and other medical professionals regarding the status of your patient.
14. Possess good manual dexterity with the ability to perform all tasks related to the highest quality of patient care.
15. Have the physical stamina to stand and walk 12+ hours in a clinical or field setting.
16. Ability to bend, stoop, and crawl on uneven terrain.

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17. Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
18. Ability to work with other providers to make appropriate patient care and treatment decisions.
19. Must be physically free of use of non-prescription drugs, illegal drugs, and alcohol.
20. Must demonstrate a professional demeanor and behavior and must perform all aspects of work in an ethical manner in relation to peers, faculty, staff, and patients.
21. Must adhere to the codes of confidentiality.
22. Must conform to appropriate standards of dress, appearance, language, and public behavior.
23. Must show respect for individuals of different age, ethical background, religion and/or sexual orientation.
24. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
25. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during assessment and treatment of patients.
26. Possess sufficient emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations.

The student must notify the Program Director if there is any change to his/her ability to meet the technical standards while enrolled in the NWACC EMS Program.

I certify that I have read and understand the technical standards listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program at this time.

I, _____, have read and understand the requirements as listed.

(Print name)

Signature _____

Date _____



NWACC EMT Program Covid Clinical Statement

The Northwest Arkansas Community College does not require students to receive the Covid vaccine. However, many of the clinical sites that the EMT program uses do require the Covid vaccine and possibly boosters. Because we are guests in these facilities, we must follow their rules when it comes to requirements for student's placement in these facilities. If you choose not to get vaccinated, understand that your clinical experience will be limited to facilities not requiring the Covid vaccine and this may prevent you from participating in some of our specialty rotations (OB, Pediatrics, etc.) at facilities that do require the vaccine. If you are excluded from these specialty rotations, you will still be required to get these experiences in the emergency department (ED) where you are doing your clinical time. This could result in a greater amount of time spent in the ED to obtain these experiences. It is also understood that our clinical facilities can, and sometimes do, change their requirements mid-program and if all facilities begin requiring the vaccine again, you will need to be vaccinated to continue your clinical rotation. Anyone who is unable to complete clinical rotations will fail the corresponding clinical course for that semester and will not continue in the EMT program.

I have read and understand the above statement.

Student Printed Name

Date

Student Signature

EMS Division Representative



Northwest Arkansas Community College
EMS Department of Health Professions
Authorization for Release of Information

I, _____ hereby authorize members of Northwest
Print Student Name
Arkansas Community College Faculty/Staff to release my:

1	NAME	}	ALL
2	ADDRESS		
3	PHONE NUMBER		
4	GRADES		
5	ATTENDANCE		
6	CLINICAL PROGRESSION		
7	PROFESSIONALISM		

Please provide a list of authorized persons who may receive this information: (Place an X in boxes 1 – 7 or “all”) These will correspond with the numbers above. Check “All” or any specific boxes that apply:

_____ - Employer / Prospective	ALL	1	2	3	4	5	6	7

_____ - Parent	ALL	1	2	3	4	5	6	7

_____ - Spouse	ALL	1	2	3	4	5	6	7

_____ - Other (please state)	ALL	1	2	3	4	5	6	7

*(By signing below, I authorize the above information may be released to approve parties.)
A List of authorized persons on your list above will be sent to your department training officer even if no one is listed at your department. Further information will only be shared with authorized persons.*

Student's Signature

Date

NWACC EMS Division